

## NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

***THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.***

### Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains identifiable protected health information in oral, written, and/or electronic form. This information may include symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment.
- means of communication among the many health professionals who contribute to your care.
- legal document describing the care you received.
- means by which you or other persons/agencies responsible for payment can verify that services billed were actually provided.
- tool in educating health professionals.
- source of data for medical research.
- source of information for public health officials charged with improving the health of the nation.
- source of data for facility planning and marketing.
- tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

A photograph will be taken of you at time of admission and periodically thereafter. This photograph will be used as an identification tool throughout your hospital stay. An example of this use would be during administration of medications.

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy.
- better understand who, what, when, where, and why others may access your health information.
- make more informed decisions when authorizing disclosure to others.

### Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. As required by federal law, you have the right to:

- request a restriction on certain uses and disclosures of your information; however, we are not required to agree to the requested restriction. The request must be in writing by completing the *Request for Restriction of Uses and Disclosures of Protected Health Information* form, and submitting that form to the hospital Privacy Officer/designee.
- obtain a paper copy of the *Notice of Health Information Privacy Practices* upon request.
- inspect and copy your health record, excluding those exceptions stipulated by federal law.
- request that we change health information that you feel is incorrect or incomplete. The request must be in writing by completing the *Request for Amendment of Protected Health Information* form, and submitting that form to the hospital Privacy Officer.
- request communications of your health information by alternative

means or at alternative locations. This request must be made in writing by completion of the *Request for Alternative Means and/or Location of Communication of Protected Health Information* form and submitting that form to the hospital Privacy Officer/designee.

- receive an accounting of disclosures of protected health information. Request for an accounting must be made in writing by completion of the *Request for Accounting of Disclosures of Protected Health Information* form and submitting that form to the hospital Privacy Officer.
- revoke your authorization to use or disclose health information except to the extent that action has already been taken. Revocation must be in writing and submitted to the hospital Privacy Officer.

There may be times when you will be given the opportunity to travel into the community, i.e. shopping, dining, visiting group homes. By virtue of being part of the hospital group, you may be identified as being a patient at Madison State Hospital. You have the right to decline such trips.

### Our Responsibilities

This organization is required to:

- maintain the privacy of your health information.
- provide you with a *Notice* as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- abide by the terms of the *Notice* currently in effect.

- notify you if we are unable to agree to a requested restriction.
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post the revised *Notice* in the hospital and on our web site. You may also obtain a copy of the *Notice* from our Privacy Officer.

We will not use or disclose your health information without your written authorization, except as described in this notice. You may revoke such authorization in writing, except to the extent that action has been taken.

#### **Examples of Disclosures for Treatment, Payment and Health Operations**

Without your authorization, we may use or disclose your health information for our own treatment, payment, and health care operations, and to meet federal and state regulations.

#### ***We will use your health information for treatment.***

*For example:* Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you are discharged from this hospital.

#### ***We will use your health information for payment.***

*For example:* A bill may be sent to you or other persons/agencies responsible for payment. The information on or accompanying the bill may include information that

identifies you, as well as your diagnosis.

#### ***We will use your health information for regular health care operations.***

*For example:* Members of the medical staff, the risk or quality improvement manager or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

#### ***We will disclose your health information in compliance with federal and state regulations.***

*Business associates:* There are some services provided in our organization through contracts with business associates. Examples include contracted clinicians, accreditation consultants, and some radiologists and laboratories. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do and bill for those services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

*Research:* We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

*Funeral directors and on-ground cemeteries:* We may disclose limited health information to funeral directors and on-ground cemeteries consistent with applicable laws and regulations to carry out their duties.

*Organ procurement organizations:* Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

*Food and Drug Administration (FDA):* We may disclose to the FDA health information relative to adverse events with respect to food, supplements,

product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

*Workers compensation:* We may disclose health information to the extent authorized by and to the extent necessary to comply with the laws relating to workers compensation or other similar programs established by law.

*Public health:* As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

*Law enforcement:* We may disclose health information for law enforcement purposes as required by law or in response to a valid court order.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

#### **For More Information or to Report a Problem**

You may submit a written complaint or comment to the Madison State Hospital Privacy Officer or to the Secretary of Health and Human Services if:

- you have a question.
- you want additional information.
- you have a complaint about our health information practices; or
- you believe that we have violated your privacy rights.

We will never retaliate against you for filing a complaint.

**Madison State Hospital  
Privacy Officer  
711 Green Road  
Madison, IN 47250  
812-265-2611**

**Region V, Office of Civil Rights,  
US Dept of Health & Human Services  
233 N. Michigan Ave., Suite 240, Chicago, IL 60601  
Telephone: (312) 866-2359 or Fax: (312) 886-1807**